U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 'LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| | For Official Hea Only |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U- 7735 | Z. Fiscal Year Covered From: | | | |
|--|--|--|--|--|
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
| Name Larry P McCormick | Name Communication Workers of America Local 7716 | | | |
| | Labor Organization File Number 000-188 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | | |
| Street 88 Heath Dr. | Street 88 Heath Dr. | | | |
| City Pagosa Springs | City Pagosa Springs | | | |
| State Colorado ZIP Code + 4 81147 | State Colorado ZIP Code + 4 81147 | | | |
| 5. Position in labor organization. President | | | | |

Enter appropriate data-below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. | derived income or other economic benefit of on represents or is actively seeking to represent. | | | |
|---|--|--|--|--|
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name- Qwest Communications | President Meeting June 21& June 22 2004 Denver Co. Hotel 193.86 | | | |
| Trade Name, if any: Qwest | Dinner 35.00 Lunch 25.00 mileage243.00 | | | |
| P.O. Box, Bldg., Room No., if any 1801 | | | | |
| Street Califorina | 7.b. Amount. | | | |
| City Denver | \$496 | | | |
| State Colorado ZIP Code + 4 80202 | | | | |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

| undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | |
|--|-----|----------|------------------|---|--|
| signed Say P No Cour | On- | 8/8/2005 | 970-731-4999 | | |
| | | Date | Telephone Number | • | |

| Name of Person Filing Larry McCormick | File Number U- | | | | |
|--|---|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
| 8. Name and address of Business (including trade name, if any). | 9: Business deals with: | | | | |
| Name | a. Labor Organization | | | | |
| Trade Name, if any: | b. Trust | | | | |
| P.O. Box, Bldg., Room No., if any | c. Employer | | | | |
| Street | | | | | |
| City State ZIP Code + 4 | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Street | 11.b. Approximate dollar value of such dealing. \$0 | | | | |
| City State ZIP Code +-4 | 12.a. Nature of interest held or income received. | | | | |
| State ZIF State T-4 | | | | | |
| | | | | | |
| | 12.b. Amount. \$0 | | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room-No., if any | | | | | |
| Street | | | | | |
| City | | | | | |
| State ZIP Code + 4 | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | |